

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08-cv-4049

GOYKE HEALTH CENTER, P.C., Individually and as the representative of a Class similarly-situated persons,

v.

MIDWEST WASTE SERVICES, LLC

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
 GOYKE HEALTH CENTER, P.C., on behalf of itself and those similarly situated.

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| NAME (Type or print) | |
| Janice L. Morrison | |
| SIGNATURE (Use electronic signature if the appearance form is filed electronically) | |
| S/ Janice L. Morrison | |
| FIRM | |
| DiTommaso-Lubin, P.C. | |
| STREET ADDRESS | |
| 17W 220 22nd Street, Suite 200 | |
| CITY/STATE/ZIP | |
| Oakbrook Terrace, Illinois 60181 | |
| ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) | TELEPHONE NUMBER |
| 6291830 | 630-333-0000 |
| ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. | |
| RETAINED COUNSEL <input type="checkbox"/> | APPOINTED COUNSEL <input type="checkbox"/> |